2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# F36788

Entity Name: RIMORTWO, INC.

Current Principal Place of Business:

P.O. BOX 6478
SNOWMASS VILLAGE, CO 81615 US

New Principal Place of Business:

18 VIEW RIDGE LANE
SNOWMASS VILLAGE, CO 81615 US

Current Mailing Address:

P.O. BOX 6478
SNOWMASS VILLAGE, CO 81615 US

New Mailing Address:

FEI Number: 59-2130521 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLOOM, LEONARD H
ONE FINANCIAL PLAZA #1406
FT LAUDERDALE, FL US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: COHEN, MORRIS,
Address: 18 VIEW RIDGE LANE
City-St-Zip: SNOWMASS VILLAGE, CO

Title: DS ( ) Delete
Name: COHEN, RITA,
Address: 18 VIEW RIDGE LANE
City-St-Zip: SNOWMASS, CO

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: COHEN, MORRIS,
Address: 18 VIEW RIDGE LANE
City-St-Zip: SNOWMASS VILLAGE, CO 81615 CO

Title: DS (X) Change ( ) Addition
Name: COHEN, RITA,
Address: 18 VIEW RIDGE LANE
City-St-Zip: SNOWMASS, CO 81615 CO

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MORRIS COHEN DR. 03/02/2009

Electronic Signature of Signing Officer or Director Date